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UTERO-VAGINAL LIGATURE.

BY

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OF NEW YORK CITY.

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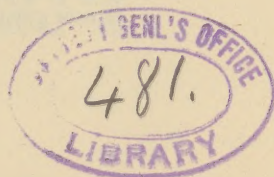
THE TREATMENT OF POSTERIOR DISPLACEMENTS OF THE UTERUS WITH THE UTERO-VAGINAL LIGATURE.¹

BY H. J. BOLDT, M.D.,
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IN the *Centralblatt für Gynäkologie*, 1888, No. xii. p. 181, Dr. Adrian Schücking, of Pymont, calls attention to a new method of treatment by operation for this sometimes so exceedingly unmanageable pathological position.

I will not enter into the various methods of operating employed by different gynecologists. In my opinion, according to the condition present, an operation, if such is to be adopted at all, should be performed which will suit the respective case; we cannot therefore say, with any view to science, "I consider the operation originated by Dr. X. Y. Z. the best for retroflexion." Under certain conditions a simpler operation for this pathological condition seems quite feasible, and such a one, I have no hesitation in confirming positively, has been introduced by Dr. Schücking. We should be conservative in the acceptance of a new operation; but when we have a considerable num-

¹ Read before the Medical Society of the State of New York, February 4, 1891.



ber of cases which render absolute proof of the utility of a certain operation, then we should have the right to speak a word in its favor and to request those experienced with gynecological work to give it a trial in suitable cases. That this new operation is one deserving such investigation, I hope to be able to demonstrate satisfactorily by citation of the cases thus treated by various operators.

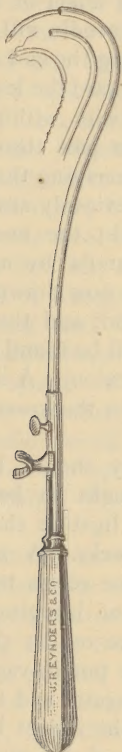
The cases in which this operation is clearly indicated are those posterior displacements in which the uterus is freely movable and yet a pessary will not keep it anteposed, or a pessary will keep the organ anteposed only when it is worn, and the patient desires something done for her so that the support can subsequently be dispensed with.

Posterior displacements held in malposition by moderate perimetritic adhesions can be treated, after first breaking up the adhesions, by Schultze's or Brandt's method. According to Shücking and Thieme, even cases of prolapsus can be cured by the utero-vaginal ligature. I should, however, want better proof than I have experienced before speaking favorably of it.

The operation is done as follows :

After disinfecting the vagina and the external genitals, with the same care as for an abdominal operation, the bladder and bowels having been previously emptied, the uterus is drawn down as far as possible with a double tenaculum forceps. The cervical canal should be sufficiently dilated and the uterus curetted and washed out with hot water, if necessary. The anterior lip of the portio vaginalis is now grasped and the organ thoroughly anteflexed,

making sure that no intestines are in front of it, which can be most readily done by placing the patient in Trendelenberg's position. An assistant



draws the uterus gradually downward and to the left. The needle invented by Schücking is now introduced, with the needle *within* the canula. An

assistant now pushes the bladder to the left side, and the operator, having anteflexed the uterus and having the corpus pushed to the right by the instrument, with the index-finger of his left hand marks the place where the needle will protrude—which is readily done by feeling the end of the canula. Now the thumb pushes forward the lever, which is screwed on to the needle wire within the canula; this causes the needle to pass through the uterus and vaginal wall. The carrying thread, with which the needle has been previously armed, is now grasped and pulled out, whilst the needle is drawn back again within the canula by means of the lever. The ligating silk is now drawn through by means of the carrying thread; and the two ends are tied together, when it will be found that the uterus is in a position of anteflexion. A serous agglutination subsequently forms in the lower part of the vesico-uterine space.

A suitable pessary should be introduced after operation, which ought to be worn about three months. The silk ligature should be removed in from six to ten weeks. A modification of this operation by Thieme seems to me worthy of notice, viz.: instead of bringing the proximal end of the uterine suture out at the os externum, the anterior wall of the portio vaginalis at its vaginal junction is pierced again, and the suture is brought out at that point, the object being, *first*, the prevention of cutting of the suture in the cervix; *second*, placing the uterus more into anteversion instead of flexion.

One of the main dangers in doing this operation

is injury to the bladder, which has occurred several times in the hands of various operators, but I am confident that with proper care it can always be avoided. To me it occurred in the first case operated upon; it was due to an instrument whose canula was too weak and to improper technique. In no case of injury to the viscus has any ill consequence followed. I use a block-tin sound to push the bladder to one side. Sometimes bloody tinging of the urine occurs after the operation, which I think due to slight injury by the sound used to push the bladder to one side, rather than to injury with the needle; in the only case in which it occurred in my hands it disappeared at the second urination. Schücking and Thieme both advise irrigation of the bladder before and after operation with a solution of thymol. Zweifel makes a transverse incision in the anterior vaginal wall, at the point where the needle should pass through, which facilitates that part of the operation. This is corroborated by Schücking, who followed Zweifel's advice.

Altogether 141 patients have been operated upon by this method *without* one serious accident; for the purpose of statistics, however, all are not available. In Schücking's list there are 20 who were operated upon by his original method, viz., leaving in the suture only ten to fourteen days, and no pessary after operation; here there were 8 failures.

Klotz, of Dresden, has operated 22 times without stating the results. It is to be presumed, however, if these had not been satisfactory he would not have done the operation so frequently.

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Nine cases operated upon by myself show 2 failures; that is, the uterus is again posterior in 2 cases. This I think also due to the neglect of a pessary after operation.

Of 53 operations done by Schücking according to his present method only 2 failures occurred; Thieme, 14 cases, no failures; Zweifel, 7 cases, no failures; Ruhl, 4 cases, no failures; Debrunner, 12 cases, 4 failures.

Two of the latter's cases cannot be counted as evidence for final result.

I have read the letter of one patient to Dr. Schücking, in which she states that she is now relieved of her former suffering. She had been ill for a number of years, during which time she was in the hands of one of the ablest men in Germany without much improvement.

To Dr. Schücking I hereby express my sincerest thanks for his kindness in showing me the proper technique of his operation and for the statistics of cases.

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